

## APPLICATION FOR DD214 (MILITARY DISCHARGE)

The following individuals are authorized to receive a copy of a Military Discharge upon presentation of proper photo identification and certification of their relationship to the veteran:

- ♦ Veteran named on the discharge
- ♦ Family member of the veteran
- ♦ Legal representative of the veteran
- ♦ Government Agency that provides Veteran's benefits

NUMBER OF COPIES		NUMBER OF PAGES			<b>DO NOT WRITE IN THIS SPACE</b>
<input type="checkbox"/> Norwalk		<input type="checkbox"/> District office			
Title of Document					
<b>DD214 - Military Discharge</b>					
Book & Page/Document Number					
Name on DD214					
Relationship to above					
I _____ certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
Date _____ Signature_____					

DL/ID\_\_\_\_\_

Complete your name and address below.

NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE

**Veterans-See reverse side  
of first copy  
Veteranos-Vean el dorso  
de la segunda copia**

## SPECIAL NOTICE TO VETERANS

You may be eligible for a free certified copy if you are applying for a veteran's pension or certain other Veteran's Administration benefits. (Section 6107, Government Code State of California)

THIS DOES NOT APPLY TO SOCIAL SECURITY AND OTHER CIVILIAN BENEFITS, EVEN IF  
YOU ARE A VETERAN.

If you believe you qualify for a free certified copy under these provisions, complete the following affidavit.

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I hereby apply for a free certified copy of the record as shown on the reverse side and declare under penalty of perjury that the free copy is to be furnished to

\_\_\_\_\_ in a claim for \_\_\_\_\_

FEDERAL OR STATE AGENCY

TYPE OF BENEFIT

\_\_\_\_\_  
DATE SIGNATURE OF VETERAN OR AUTHORIZED AGENT RELATIONSHIP OF AGENT

\_\_\_\_\_  
NUMBER-STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

Note: The free copy issued on this affidavit will bear the following wording:

This certified copy has been issued free of charge on the declaration under penalty of perjury that it is to be used in a claim to the Federal Government or the State of California for veteran's benefits.

PLEASE READ AND RETAIN THIS RECEIPT

Your copy will be mailed to the address indicated if you were unable to receive the copy the same day.

Please verify that the information on the application submitted to the cashier is accurate. Pursuant to State law, if a record is not located, the fee paid will be retained in payment of the time spent in attempting to locate the record requested.

Also please verify that your RECEIPT has been stamped by the cash register indicating the number of copies requested and the amount of fees paid. If it is not stamped, request to see a supervisor

POR FAVOR LEA Y RETENGA ESTE RECIBO

Su copia sera enviada a la direccion indicada.

Por favor, verifique que la informacion en la solicitud sometida al cajero(a) este correcta. De acuerdo con la ley Estatal, si no localiza el acta, la cuota pagada sera retenida como pago por el tiempo que se empleo en tratar de localizar el acta solicitada.

Tambien verifique que su RECIBO haya sido sellado por el cajero que indica el numero de las copias solicitadas y la cantidad de las cuotas pagadas. Si no esta sellado, solicite ver un supervisor.

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